

Clinical Depression as an Adaptive Response to Repeated Acute Stress Events

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Introduction

Four decades of doctrine have insisted that clinical depression is the byproduct of a chemical imbalance.

Abstract

I would contend that depression may be an attempt made by the brain to conserve mental energy in response to repeated and excessive exposure to stress. I would suggest that the only safe and effective clinical approach to treating depression would therefore be a mental re-training based upon trying to establish new neural pathways by ensuring that a patient adheres to a low-stress lifestyle over a period of months or years while deliberately incorporating new and interesting experiences in one's routine to reinforce subconsciously the idea that not all mental exertions are negative and that most experiences are rewarding and worth seeking out; an outlook not shared by most people in a depressive state.

Conclusion

Depression may be more effectively treated, therefore, by approaching it as an atypical presentation of a stress disorder rather than as a metabolic deficit or the result of sedentary behavior.

Note: A formal study published within a year after this publication supported this author's contention that chemical imbalances are not to blame for depression although the study did not successfully reach the conclusion that depression was a stress disorder.